

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>5-17-05</u>		2 Serial/Patent # <u>10-519,297</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing	1	12/22/04	\$ 100							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
7 TOTAL AMOUNT OF REFUND			\$							
8 TO BE REFUNDED BY:										
Treasury Check										
Credit Deposit A/C #:										
<div style="display: flex; align-items: center;"> 9 <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">0</td> <td style="width: 30px;">6</td> <td style="width: 30px;">--</td> <td style="width: 30px;">1</td> <td style="width: 30px;">1</td> <td style="width: 30px;">3</td> <td style="width: 30px;">0</td> </tr> </table> </div>				0	6	--	1	1	3	0
0	6	--	1	1	3	0				
10 REASON:										
<input checked="" type="checkbox"/> Overpayment										
<input type="checkbox"/> Duplicate Payment										
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>A JOHNSON</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140</u>								
OFFICE: <u>DO-EO</u>										

THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: